

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | SO       | 15316  | 5/16/00 |
| O.I.P.E. CLASSIFIER       |          | X3     | 5/16/00 |
| FORMALITY REVIEW          |          |        | 5/16/00 |
| RESPONSE FORMALITY REVIEW |          | 61001  | 5/31/00 |

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim  | Date    |
|--------|---------|
| 1      | 5/16/00 |
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| Claim   | Date    |
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If more than 150 claims or 10 actions  
staple additional sheet here

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